

TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION: PART II
PROGRAM YEAR 47 (JULY 1, 2021 – JUNE 30, 2022)

Agency & Project Summary Information

I. Contact & Organizational Information (If application is completed by a Collaborative, provide the lead entity contact only)

Agency/Organization:

Contact Name:

Title:

Mailing Address:

Email Address:

Phone:

DUNS #:

(Note: All entities receiving federal assistance are required to have a DUNS #)

Registered on SAM.gov?

☐ Yes

☐ No

(Note: All entities receiving federal assistance are required to be registered on SAM.gov)

Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)

☐ 501(c)3

☐ For-profit authorized
under 570.201(o)

☐ Faith-based
Organization

☐ Unit of Government

☐ Institution of Higher
Education

Collaborative Partners: If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

II. Project Information & Eligibility

Project Name:

Anticipated Start Dates:

Anticipated End Dates:

Amount of Request:

Project Location:

Eligibility: This project/activity must meet ONE of the HUD National Objectives listed below. Please check **ONE** box below.

☐ **Low/Moderate Income Area Benefit (LMA):** the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents make a low- or moderate-income. Please refer to the PROJECT/ACTIVITY SERVICE AREA map on Part I, Page 4 to determine if your activity is located within an eligible area.

Census Tract and Block:

☐ **Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

☐ **Low/Moderate Housing (LMH):** The project will provide or improve permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

☐ **Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

☐ **Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Does your project/activity benefit any of the following?

☐ Abused children

☐ Elderly persons (age 62 and older)

☐ Battered spouses

☐ Homeless persons

☐ Severely disabled adults (as defined by Bureau of Census*)

☐ Illiterate adults

☐ Persons living with AIDS

☐ Migrant farm workers

☐ Other (please specify):

III. Project Summary

1. Brief Project Description (please avoid using abbreviations)

2. Consolidated Plan Goals and Objectives

3. Geographic Distribution of Activities: (Town wide, or Census Tract)

IV. Attachments

The following attachments must accompany this proposal:

- ☐ 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- ☐ One (1) copy of agency's most recent financial audit
- ☐ One (1) copy of agency's MA Certificate of Good Standing

The following attachments are options:

- ☐ Letters of Support
- ☐ Resumes, brochures, newspaper articles, or other organizational marketing materials

Project Narrative

Based on the evaluation criteria identified, use the space provided to answer each prompt

1. a) Community Need: Please discuss the community need that will be addressed through your proposed project, and your familiarity with said community need. Project goals must be consistent with the Priority Need categories identified in the 5-Year Consolidated Plan.

1. b) Beneficiaries: Will all clients be residents of Arlington?
If not, please provide a percentage of non-Arlington residents.

1. c) Beneficiaries: Does this activity address any of the following? Select all that apply.

- Help Prevent Homelessness? ☐ Yes ☐ No
- Help the Homeless? ☐ Yes ☐ No
- Help Those with HIV/AIDS? ☐ Yes ☐ No
- Help Persons with Disabilities? ☐ Yes ☐ No

2. Resources & Capacity: Please discuss the staff and resources that will be used to execute the proposed project, familiarity with the community need and how said need/population will be contacted & engaged.

3. Encouraging Partnerships: Does the proposed project involve new or existing partnerships with other service providers in the community? Please Explain.

4. Cost Benefit: Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program: \$10,000 funding request /100 people served= \$100/person.

5. Leveraged Funds: Has the organization secured additional funding sources or in-kind support to cover the proposed project?

6. Self Sufficiency: Will the proposed project be self-sufficient and no longer require CDBG funds after one year? After 3 years?

7. New Public Services Program: Is the proposed project offering a new service and is it available from any other providers in the community?

8. Additional Comments: If necessary, use this space to include additional project information not covered in the categories above.

Budget Description

Please provide a budget for the proposed project. Include all proposed expenses & funding sources. Grant recipients & the Town will have an opportunity to create a more detailed budget upon notification of the project's acceptance. Fill in Budget Table A OR Budget Table B, depending on type of project. Fill in Table C as applicable.

A. Non-Construction Projects/Activities (Public Services)

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET			

B. Construction Projects (physical improvements) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

Description	A	B	A+B
	CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction			
Acquisition			
Appraisals			
Design			
Other:			
TOTAL PROPOSED BUDGET			

C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

Funding Source		Amount	Committed or Pending
Other Federal:			
State:			
Local:			
Private:			
Other:			
Total:			

Performance and Outcome Measurement**MEASURING ACCOMPLISHMENTS TABLE***PLEASE AVOID ABBREVIATIONS*

NEED STATEMENT	GOAL	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Description of Need to be Addressed	Proposed goals to reduce extent of problems or needs	Resources to be dedicated or utilized to meet proposed goals	What the program does with the input to fulfill its mission	Direct products of program activities	ST (Short Term) LT (Long Term) Benefits that result from the program

Nationally Reportable Outputs*Please indicate the number of outputs expected*

Businesses Assisted		Persons Served	
Households Assisted		Jobs Created	

Performance Evaluation Plan

Explain your plan for evaluating the progress and results of your project.

Email your completed grant application and required attachments to: mjsullivan@town.arlington.ma.us.